

(2)

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 66  
Registered No. 66

## 1. PLACE OF BIRTH

County Sila State Arizona  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Hayden No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child James Richard Fairchild (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
{ If child is not yet named, make supplemental report, as directed

3. Sex Male 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature Yes 7. Legitimate Yes 8. Date of birth July 14, 1930  
(Month, day, year)

9. Full name George W. Fairchild FATHER

10. Full maiden name Lillian Edna Acton MOTHER

11. Residence (usual place of abode) (If nonresident, give place and State) Hayden

12. Residence (usual place of abode) (If nonresident, give place and State) Hayden

13. Color or race W 14. Age at last birthday 23 (Years)

15. Color or race W 16. Age at last birthday 19 (Years)

17. Birthplace (city or place) Silvia Ma (State or country)

18. Birthplace (city or place) Man month (State or country) Ariz

19. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oil

20. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. \_\_\_\_\_

21. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Brown house

22. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home wife

23. Date (month and year) last engaged in this work July 14, 1930

24. Date (month and year) last engaged in this work 7-14, 1930

25. Total time (years) spent in this work 2

26. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

27. If stillborn, period of gestation \_\_\_\_\_ { months \_\_\_\_\_ or weeks \_\_\_\_\_ } 28. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 4:20 p. m. on the date above stated (Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Charles K. Shurts, M. D.

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

or \_\_\_\_\_ Midwife

Address Hayden Ariz

Filed July 16, 1930 W. M. D. Quach

Registrar.

Registrar.

164-114-515